

CITY OF GALENA, ILLINOIS



Application for Manager Liquor License

Application Fee: \$50.00

Background Check Fee: \$75.00 per Background Check – All managers must be fingerprinted by the Jo Daviess County Sheriff's Department or the local Sheriff's Department in the area in which the officer or director resides.

Background checks are completed by the State of Illinois Police. This process can take up to eight (2) weeks to complete. Once the results of the background checks are received from the State of Illinois Police, the Liquor License Corporation manager Application is then placed on the next available City Council agenda for approval/denial. Payment can be made by check, cash, money order, or credit card. All background check fees must be paid at the time the application is returned to City Hall.

Please note: The manager must reside within a 30 mile radius of Galena in order to qualify for a license.

Name: _____ Date of Birth: _____

Address: _____
City State Zip

Driver License #: _____

List of places of residences in the past ten (10) years (use back if needed):

1. _____

2. _____

3. _____

List all arrests and dispositions (use back if needed):

1. _____

2. _____

3. _____

Class of liquor license you will be managing: _____

Location of premises you will be managing: _____

Name of Establishment (as it appears on the liquor license): _____

I have never been convicted of a felony or any misdemeanor opposed to decency and morality. I am not disqualified to receive a license by any reason of matter or thing contained in the Galena Municipal Code of the Illinois Liquor Control Act. I will not violate any of the laws of the State of Illinois or of the Unity States in the conduct of managing this place of business. The undersigned further states that he/she is a person of good moral character and the he/she agrees not to violate any of the Ordinances of the City of Galena, any laws of the United States, or of the State of Illinois. The undersigned further states that in the event any statement contained in this application is not true that any approval of management may be immediately suspended and revoked.

I, _____, being duly sworn on oath, state that the facts set forth in the above application are true and correct.

Applicant's Signature **Date**

Notary's Signature **Date** **Commission Expiration**